

County: Door
DORCHESTER HEALTH & REHABILITATION
200 NORTH 7TH AVENUE

Facility ID: 2780

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STURGEON BAY 54235 Phone:(920) 743-6274
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 119
Total Licensed Bed Capacity (12/31/02): 141
Number of Residents on 12/31/02: 108

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 106

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		37.0
Supp. Home Care-Personal Care	No					More Than 4 Years		49.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.6			13.9
Day Services	Yes	Mental Illness (Org./Psy)	33.3	65 - 74	12.0			-----
Respite Care	No	Mental Illness (Other)	3.7	75 - 84	32.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	5.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	8.3		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	24.1	65 & Over	95.4	-----		
Transportation	No	Cerebrovascular	9.3		-----	RNs		9.1
Referral Service	Yes	Diabetes	0.9	Sex	%	LPNs		8.8
Other Services	Yes	Respiratory	4.6	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	10.2	Male	21.3	Aides, & Orderlies		
Mentally Ill	Yes		-----	Female	78.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	13	100.0	181	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	13	12.0
Skilled Care	0	0.0	0	71	91.0	108	0	0.0	0	17	100.0	156	0	0.0	0	0	0.0	0	0	0.0	88	81.5
Intermediate	---	---	---	6	7.7	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	6	5.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	1	1.3	159	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	0.9
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	13	100.0		78	100.0		0	0.0		17	100.0		0	0.0		0	0.0		0		108	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing				Total	
				Assistance of		% Totally		Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health 5.5		Bathing 0.9		65.7		33.3		108	
Private Home/With Home Health 11.5		Dressing 18.5		59.3		22.2		108	
Other Nursing Homes 2.8		Transferring 28.7		40.7		30.6		108	
Acute Care Hospitals 78.0		Toilet Use 21.3		49.1		29.6		108	
Psych. Hosp.-MR/DD Facilities 0.0		Eating 46.3		39.8		13.9		108	
Rehabilitation Hospitals 0.0		*****							
Other Locations 2.3									
Total Number of Admissions 218		Continence		% Special Treatments					
Percent Discharges To:		Indwelling Or External Catheter		7.4		Receiving Respiratory Care		8.3	
Private Home/No Home Health 15.9		Occ/Freq. Incontinent of Bladder		46.3		Receiving Tracheostomy Care		0.9	
Private Home/With Home Health 24.3		Occ/Freq. Incontinent of Bowel		34.3		Receiving Suctioning		0.0	
Other Nursing Homes 6.1						Receiving Ostomy Care		4.6	
Acute Care Hospitals 29.4		Mobility				Receiving Tube Feeding		2.8	
Psych. Hosp.-MR/DD Facilities 0.5		Physically Restrained		3.7		Receiving Mechanically Altered Diets		10.2	
Rehabilitation Hospitals 0.0									
Other Locations 6.5		Skin Care				Other Resident Characteristics			
Deaths 17.3		With Pressure Sores		6.5		Have Advance Directives		90.7	
Total Number of Discharges (Including Deaths) 214		With Rashes		14.8		Medications			
						Receiving Psychoactive Drugs		55.6	

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74.4	80.0	0.93	82.4	0.90	83.3	0.89	85.1	0.87
Current Residents from In-County	88.9	73.3	1.21	79.0	1.12	75.8	1.17	76.6	1.16
Admissions from In-County, Still Residing	17.4	19.2	0.91	21.3	0.82	22.0	0.79	20.3	0.86
Admissions/Average Daily Census	205.7	136.0	1.51	130.4	1.58	118.1	1.74	133.4	1.54
Discharges/Average Daily Census	201.9	138.5	1.46	132.8	1.52	120.6	1.67	135.3	1.49
Discharges To Private Residence/Average Daily Census	81.1	59.1	1.37	58.2	1.39	49.9	1.63	56.6	1.43
Residents Receiving Skilled Care	93.5	93.4	1.00	93.4	1.00	93.5	1.00	86.3	1.08
Residents Aged 65 and Older	95.4	95.9	0.99	94.2	1.01	93.8	1.02	87.7	1.09
Title 19 (Medicaid) Funded Residents	72.2	73.2	0.99	73.9	0.98	70.5	1.02	67.5	1.07
Private Pay Funded Residents	15.7	16.8	0.94	17.0	0.93	19.3	0.82	21.0	0.75
Developmentally Disabled Residents	0.0	0.9	0.00	0.8	0.00	0.7	0.00	7.1	0.00
Mentally Ill Residents	37.0	33.7	1.10	34.5	1.07	37.7	0.98	33.3	1.11
General Medical Service Residents	10.2	19.3	0.53	19.0	0.54	18.1	0.56	20.5	0.50
Impaired ADL (Mean)	51.7	46.1	1.12	48.0	1.08	47.5	1.09	49.3	1.05
Psychological Problems	55.6	51.2	1.08	51.4	1.08	52.9	1.05	54.0	1.03
Nursing Care Required (Mean)	6.0	7.2	0.84	6.8	0.88	6.8	0.89	7.2	0.84